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SPECIAL ARTICLES

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No. 2

Morbidity in Diphtheria

DR. C. I. MAHOOD, M.O.H., CALGARY, ALTA.

A STATISTICAL study by the Department of Health of the City, of deaths during the last eleven years since the re-organization of the said department, has taught us several interesting important lessons.

Being deeply concerned by the apparent apathy of physicians and organized health agencies towards the failure of the morbidity rate to decline, while the mortality rate has been so markedly reduced by the early use of antitoxin, the department has carried out a yearly investigation to ascertain if possible what might be the factors responsible for this condition and where might be the remedy.

The very fact that the morbidity curve has not followed the mortality curve, means much to those interested in public health work, for in this disease we have one of the few conditions for which there are available accurate means of diagnosis both of the acutely ill and also of the apparently healthy "carrier", agencies for determining the susceptibility of persons, with a subsequent immunization, and specific therapy for treatment of the infected persons.

In order that the findings might be uniform, blanks were prepared asking for the following information: name, age, sex, school, social conditions, date of physician's first call, date of onset, date of administration of antitoxin, amount given, source, if possible, of infection, nature of disease, date and cause of death.

Speaking from an epidemiological standpoint, results were somewhat different from what has been known or what might have been expected. The age incidence does not agree with figures furnished by different reports from workers in this important field, such as Addison, Vaughan and others, viz., "65 per cent. of all deaths from diphtheria and so-called croup occurred in children under five years".

A report of the studies made by this department were as follows:

DEATHS FROM DIPHTHERIA DURING THE LAST FIVE YEARS
IN THE CITY OF CALGARY

	Per cent.	Per cent.
1 year and under.....	1.9	
2 years	15.1	
3 years	17.1	
4 years	13.2	
5 years	11.4	
		58.7
6 years	9.4	
7 years	9.4	
8 years	5.6	
9 years	7.5	
10 years		
		31.9
11 to 15 years.....	7.5	
16 to 25 years.....	1.9	
Over 25 years.....		
		9.4
		100.

We find that not 65 per cent. but 58 per cent. of all deaths are under five years. This remarkable and different change during the past five years is no doubt due to the early use of diphtheria antitoxin and also the more general use of toxin-antitoxin by physicians. The highest percentage of cases occurred of children three years of age and the lowest under one year and over 25 years.

Sex.

Creighton states that "diphtheria is the only epidemic condition, besides whooping cough, which is more fatal to females than males in proportion to the number of each sex living". In the earlier age groups a slight increase in the male deaths has been found, while in the later age groups females were found to show an increased proportion. This increased proportion in the later age group may be explained by the fact that, females as a rule, come into closer contact with the infection, especially mothers, nurses, helpers as servants, etc.

School.

The influence that school environment plays in diphtheria infection is one of extreme importance and interest. It will be noticed that the greatest number of deaths occurred in children of pre-school age, and it might appear to some that they were not under school influences or

environment, but the question here arises, did they receive the infection from school sources, or might they be the source of school infection, which has been carried from the home?

In the latter age groups the school factor plays a large part in the spread of diphtheria. It is found in the rural communities, with little or no school supervision, the disease is apt to spread rapidly and may at any time develop into an outbreak of varying size. In our larger centres, where we have more efficient school supervision, the taking of swabs from all sore throats, with prompt detection of "carriers" and incipient cases, giving earlier recognition of the disease, giving of prophylactic treatments, use of Schick Test, proves to-day admirable means of prevention and control of diphtheria.

Social Conditions were found to play a very small part in the deaths of cases suffering from this disease. The number of deaths among the poorer and well-to-do classes being about equally divided.

The most common cause found for this was found in the group of unrecognized cases, with its mild insidious onset resulting in the delay in calling in the family doctor and the delay in administration of anti-toxin. It was ascertained that most deaths followed the laryngeal group and this following intubation. One of course must remember that is a procedure instituted late in the disease, when the muscles of the heart, weakened by the toxic agents of the disease, are not capable of withstanding any extra muscular strain. The question has arisen of late whether it is not better to do a tracheotomy, having the opening permanent with resulting freedom in breathing, than to intubate, with the risks which are liable to follow the latter procedure.

Source of Infection.

This investigation proved the statements made by others that in only about ten per cent. of all cases reported could the source of infection be established. This is indeed evidence to prove that it is a most difficult task to prove positively the source of infection. It was just as difficult to get this proof among the English-speaking element as among the foreign population.

There is an axiom that "scientific diagnosis must precede intelligent treatment". This might be paraphased to "intelligent epidemiological investigation must precede efficient control of outbreaks", for we surely cannot reduce the morbidity rates of communicable diseases with the sources of infection still undetermined and unrecognized.

Type of Disease.

In the study of deaths, the laryngeal form was far more prevalent than other forms; pharyngeal was second in order of frequency and nasal was last. Some, not many, physicians still appear to feel that mem-

braneous croup is still a distinct disease, and fail to recognize it as a distinct diphtheritic infection until too late. This erroneous idea may be due to the fact that positive cultures are seldom obtained in the very early period of the disease. In order to obtain an early positive diagnosis it is essential to have a good speculum, good light and an assistant. We have found it feasible under these conditions and if it were more generally employed and the early administration of antitoxin followed there would be a resulting lowered mortality.

This difficulty of getting cultures does not exist in the pharyngeal type and some other reason must be sought to account for the deaths here. One of the outstanding reasons appears to be that in the majority of the cases the condition is unrecognized and is treated as simple tonsilitis until too late for the efficacious treatment by antitoxin. The nasal type has always played an appreciable role in the deaths. The histories go to show that this condition is also very often unrecognized and the treatment given is usually for a catarrhal infection or "common cold".

The obvious deduction to be made is simply this: a culture should be taken in every case of sore throat or nasal discharge where there is the least possibility or suspicion that diphtheria might be present. Here, I believe is without doubt, the basic principle which can play the greatest part in controlling the morbidity and mortality rate.

Causes of Death.

In a general way the statistical classification of deaths from diphtheria are those due to cardiac, respiratory and toxic causes. It appeared that an analysis of these causes should be made to see if it might be possible to obtain any more definite information as to the exact cause of death. This angle of the investigation was approached by inquiring first as to the number of days the patients were ill without medical attention. What we found was as follows:

1 day,	20	2 days	36
3 days	44	4 days	38
5 days	33	6 days	26
7 days	40	8 days	8
9 days	2	10 days	15
11 days and over....	15	Several days	40

In other words, 12.6 per cent. were sick a week, 12.3 per cent. were sick one to two weeks, and 12.6 per cent. were ill several days without medical attention.

It is amazing that such a large group of children should be so neglected by those responsible for their care, comfort and welfare. It is high time that something more drastic were done to awaken these people to their sense of responsibility. It would appear that a campaign of edu-

cation must be undertaken along these lines in order to arouse these people to a sense of their ignorance and indifference. Just how this result might best be obtained will no doubt vary with the individual affected and the different localities, but it is perfectly clear that health workers, efficient in their duties, should lend every effort toward this end, doing their utmost to save from needless deaths these children who form the very foundation of society. We who have been engaged in health work of this kind have impressed in every way possible upon the medical and lay mind the great necessity for early administration of antitoxin in order to achieve the best results and we can only hope to achieve a reduction in the mortality rates by constantly emphasizing on every occasion the necessity for calling a physician early in the sickness, laying particular stress upon the fact the mortality of diphtheria when treated with sufficient dosage of antitoxin and given within twenty-four hours after onset, is relatively negligible. In a few instances, even at the present time, it is found that physicians wait for a laboratory report before administering antitoxin. This, we believe, a great mistake, and the dictum that a patient who requires a culture to be taken should have antitoxin right away, rather than wait for the report, is one which should be reiterated until the whole medical profession will adopt this procedure.

One other factor which demands comment is that nearly 5 per cent. of the deaths occurred in "unrecognized" cases. Here, indeed, is a sad state of affairs, for with up-to-date laboratories established this disease should never go unrecognized. Surely even with this free laboratory service, the free distribution of antitoxin, the supplying of the Schick material for detection of all non-immune cases, and the free supply of toxin-antitoxin mixture for immunization, also free hospital service, we may expect and we have a right to expect that these facilities will all be used to effect a diminution of the morbidity rates as well as the mortality rate.

The alarming percentage of 8 per cent. of cases being found moribund upon visitation by the doctor, should demand an awakening of people through educational methods of their responsibility to their children.

Another occurrence which the investigation showed in larger proportion than is generally recorded was, that of sudden death, which was stated to have occurred in about 4 per cent. of the cases. In the majority of cases lack of nursing care was the possible factor. Parents ignorant of even the fundamental principles of nursing had the care of their children, allowing them to get out of bed too early, or, through a mistaken idea of kindness, giving them unsuitable food, causing grave gastric disturbances, vomiting with its associated muscular strain, and collapse from weakened cardiac muscles.

Another factor, but of less common occurrence, appeared to be the

repeated attempts at intubation, where for some reason, the tube was not properly introduced or else expelled.

Antitoxin.

The dosage of this important treatment, both as to amount and intervals between doses, varied extremely. In about 20 cases it was found not over 3000 units were administered. The amount increased from this point to where a child of three years received upwards of 200,000 units. The usual doses ranged between 5,000 to 10,000 units. The number of doses varied from one to several on consecutive days and in a few instances antitoxin was administered every four hours until death occurred.

One striking and important feature was found—in not a single instance was antitoxin given intravenously. In the early days of serums there was a great amount of hesitancy in introducing directly into the blood stream foreign bodies, for fear of untoward effect, but with the added years of experience it is now known that this procedure is not only feasible but that results are more rapidly obtained and more certain and with a smaller amount required. It is thus more earnestly recommended that this procedure be given more prominence, especially among those seen late in the disease. With such a lack of uniformity in the use of antitoxin it would seem as though the medical profession should be more generally informed from authoritative sources as to the most approved methods of its use, and its dangers through misuse, either in dosage or methods of administration.

Mental Hygiene Activities in the Public Schools

BY DR. D. J. DUNN,

Chief Medical School Inspector, Edmonton, Alta.

THE problem of Mental Hygiene is one which is looming larger every year in the eye of the public, especially as regards the dealing with juveniles of both sexes.

A legal commission appointed to investigate conditions pertaining to the world's boys, and particularly the question of the protection and reformation of boyhood, has reported to the general effect that though the war stopped the progress of the world in many directions it has in this direction resulted in an awakened conscience. The report is based on a study of conditions of thirty-five countries.

"The newer countries of the world," according to H. Wallace Soutter, of South Africa, Chairman of the Commission, "are legislating in accordance with the new spirit of penology and the conclusion of psychological research, and are striving to prevent the growth in their midst of the horrors of the older countries."

The report sums up the educational obligations upon government as follows: "The ideal to be aimed at and steadily worked for is that up to the age of 18 years it shall be made possible for a boy's energies to be absorbed not by work but by education, and education that strengthens the body, develops the mind, equips him not only for earning a livelihood, but also for community service, and thus lays intellectual and moral foundations of good citizenship.

"Christian nations must certainly resist the materialism that would sacrifice the development of personality of the supposed necessities of industry, and must not be satisfied until the law brings within reach of the poorest boy the highest education."

International boundaries and race characteristics have a minor bearing on juvenile delinquents, the report stated. Striking similarities are revealed by the statistics of all nations.

Theft is the big outstanding offence of juveniles whether in Japan, Italy or America. "We are convinced," the commission states, "that absolute physical want is probably the most common cause of theft by boys of all nationalities. A very large proportion of juvenile convictions is for theft of food by undernourished boys."

The report advocating raising the age of criminal majority from 16 to 18 in order that a larger group may profit by the remedial measures already in force for juveniles. The commission further says:

"The conclusion of modern psychological research must be fully explored. Any treatment of boy delinquents must have "respect to the individual personality of the offender." He may be put on probation subject to treatment, and the treatment may be entirely medical. The decision must aim at a solution of his peculiar problem with a view to his recovery. Close observation in school of boy with tendencies to wrong-doing would prevent many of them arriving at the police courts."

Recommendations of the commission include a call for the establishment by the world's alliance of Young Men's Christian Associations of "an international boys' committee, whose work shall be to study the problem of boys' life in all countries, to collect particulars of all legislation affecting the legal status of boyhood that is passed from time to time, to keep all national councils particularly advised of such legislation and any other reform movements in progress, and to take whatever steps may be expedient to secure to the boys of any nation adequate legal protection."

The history of the attempt to deal with the problem of the Mentally Defective dates back for over 100 years. The first definite work in Massachusetts was undertaken some 76 years ago, but it has only been within the past 15 or 20 years that real progress has been made to properly understand its cause, to estimate the extent and to approximate the social and economic disaster and loss, feeble-mindedness entails. Great credit is due to the work of the Royal Commission in England and to the pioneer work of such men as Seguin, and later Fernald and others in America, in bringing to the front its vital relation to society in general, and in estimating its extent great credit is due the psychologists, especially the pioneers Binet and Simon of France, Tarnan and Goddard in America, in working out standardized systems of testing the mental capacity of the individual suspected of being mentally defective.

The first attempt to make a mental survey of the Public Schools in Edmonton dates back about ten years.

The very great difference in the ages of pupils in the lower grades was the first condition which drew my attention, and caused me to ask why did this exist. This of course was a very crude attempt at endeavoring to come to some conclusion as to its cause and the survey occupied a period of six months. During this time all the pupils who were one year or more behind their grade were given a mental rating. At this time there were between 35 and 40 who would be classed as institutional cases, and about 135 required special class instruction. A list of names, ages and grades of these pupils was sent to the Government of the day and later formed a basis for advocating dealing with these pupils. An Act was then passed by the legislature giving School Boards power to exclude the pupils of very low mentality, and also to provide a grant of half the salary to any teachers employed in special classes for sub-normals.

A home for feeble-minded children was opened in 1918, which accommodates about 50. This was only small beginnings of a temporary nature, and hopes for a larger institution with an institutional farm attached which was to be located at Oliver about nine miles from Edmonton is to be taken over as part of the hospital for the insane.

Each year since the first survey was made many pupils have been examined who were referred by teachers in an endeavor to give them their proper mental rating. This has been of some value as it gave the teacher a much better idea of the mental capacities of such pupils.

During the past two years much interest has been shown by many of the teachers on the public school staff, who have been taking a course in psychology at the University of Alberta. This in time should have very gratifying results in the better grading of all pupils and in the assistance to place the sub-normals and mentally defective in their proper spheres.

The Inspectors of Schools in their official visits have been paying attention to mental conditions of pupils coming under their observation as the following quotation from one of the reports will show:

"The enrollment in all except grade II Sr. is very large. There are 43, 43, 47, 43, 42, 47, and 43 pupils in these classes named in order from grade I Jr. to grade III Sr. In grade I there are several special children whose mentality score is very low. In this same room are 4 retarded children who are repeating the grade. We feel that the presence of all these special cases in one room is proving very trying on the teacher's nerves. Continued work in this environment will be more than the teacher can physically do.

The Canadian Association on Mental Hygiene of which Dr. Hincks is secretary, conducted a survey in the months of October and November, 1921, of the Province of Alberta. I cannot do better than quote from this report:

Defectives in Alberta Schools.

"It was the purpose of the survey staff to canvass the mentality of a sufficient number of school children to warrant the making of deductions that might apply throughout Alberta. The study comprised an investigation in 11 schools (5 urban and 6 rural) with a total school population of 2,289. Of this number, 76 or 3.32 per cent. were mentally deficient and in need of special class training. Since the total public school attendance in Alberta for the year 1920 was 135,750 it can be estimated that there are approximately 4,500 defectives. (Calculated on the basis of 3.32 per cent.)

The schools selected for investigation by the National Committee were considered fairly representative of the entire province. Of the urban schools, 3 were described as receiving their pupils from an average mixed

community, 1 from a laboring class, and 1 from a professional and successful business group. The 6 rural schools were in the vicinity of Medicine Hat—a region that has suffered unduly from bad crop conditions.

In an appendix there will be detailed the results of the individual examinations of those children who were classed as defectives. Brief reference will now be made, however, to outstanding findings in the various schools investigated.

School No. I.

Name: McDougall.

Location: Edmonton.

Type of children: for the most part British stock. Many come from poor homes. Parents of laboring class.

Attendance: 360. Number of defectives: 20. Percentage of defectives: 5.83.

No doubt a more extensive study in Alberta Schools would show the percentage of defectives to be somewhat lower than 332. Experience gained in other parts of Canada where large numbers of children have been investigated shows that between 2 and 3 per cent. are defective.

School No. II.

Name: Garneau.

Location: Edmonton.

Type of children: from professional and successful business classes. Canadian born.

Attendance: 315. Number of defectives: 13.

Percentage of defectives: 4.09.

School No. III.

Name: Alexander Taylor.

Location: Edmonton.

Type of children: from mixed community. Little wealth. Anglo-Saxon descent for most part.

Attendance: 400. Number of defectives: 16.

Perceneage of defectives: 4.

School No. IV.

Name: Central.

Location: Calgary.

Type of children: Mixed classes.

Attendance: 678.

Number of defectives: 10.

Percentage of defectives: 1.47.

Although 500 children are in school attendance, only 400 were studies.

School No. V.

Name: Westminster.
 Location: Lethbridge.
 Type of children: Mixed classes. Little wealth.
 Attendance: 409.
 Number of defectives: 14.
 Percentage of defectives: 3.42.

School No. VI.

Name: Number 2089.
 Location: Finn's Lake (near Medicine Hat.)
 Type of children: from rural districts.
 Attendance: 13.
 Number of defectives: 0.

School No. VII.

Name: Number 2658.
 Location: Brecon Hill (near Medicine Hat.)
 Type of children: from rural districts.
 Attendance: 18.
 Number of defectives: 2.
 Percentage of defectives: 11.11.

School No. VIII.

Name: Number 3504.
 Location: Fifteen Mile Lake (near Medicine Hat.)
 Type of children: from rural districts.
 Attendance: 27.
 Number of defectives: 4.
 Percentage of defectives: 14.81.

School No. IX.

Name: Number 2286.
 Location: Clear Water Lake (near Medicine Hat.)
 Type of children: from rural districts.
 Attendance: 11.
 Number of defectives: 0.

School No. X.

Name: Number 2678.
 Location: Long Valley (near Medicine Hat.)
 Type of children: from rural districts.
 Attendance: 44.
 Number of defectives: 1.
 Percentage of defectives: 2.27.

School No. XI.

Name: Number 2539.

Location: Abelein (near Medicine Hat.)

Type of children: from rural districts.

Attendance: 14.

Number of defectives: 1.

Percentage of defectives: 7.14.

FACILITIES FOR THE TRAINING OF DEFECTIVES IN ALBERTA SCHOOLS

Some progress has been made in providing special instructions for mentally handicapped children in the Province. Two creditable classes, staffed with excellent teachers, are in operation in the City of Edmonton; two more are to be found in Calgary in a building set aside for the purpose, and Lethbridge has made a beginning in a mixed class wherein some defectives are present.

As a pioneer effort this work is worthy of unstinted praise, and results have been obtained that fully warrant an extension of the enterprise. It is doubtful, however, whether satisfactory developments can be expected unless local school boards, with the substantial backing of the Provincial Department of Education, are seized with the necessity of dealing adequately with mentally deficient children, and are prepared to make a serious attempt to provide facilities for the expert diagnosis of existing cases, together with suitable training and follow-up supervision outside of school hours. Under existing conditions the teachers of special classes might possibly lose their optimism because there is a tendency for their work to be misunderstood and inadequately supported. In recommendations that are to follow there will be outlined a comprehensive plan that, if put into operation, would place mental hygiene activities in schools on a sound basis.

Reference will now be made to the special classes in Edmonton, Calgary and Lethbridge.

Edmonton Classes.

Approximately 30 children are receiving special instruction in two auxiliary classes. One is situated in the Norwood School and has an attendance of 12. It is taught by Mrs. Pike, recently of London, England. The other is in King Edward School, where 17 pupils are instructed by Mrs. Safford, who received her training in Detroit, Michigan. Both classes measure up to the recognized standards of such enterprises. Ordinary school rooms are utilized and there is equipment for simple forms of handwork. For the most part the pupils possess Intelligence Quotients between 65 and 75, and the following brief description of several cases will indicate the useful nature of the work undertaken:

Case No. I.

Boy. Age 11. I.Q., 72. When this lad entered the class two years ago, he was untidy, careless, addicted to stealing and other forms of delinquency. He has markedly improved in conduct and has become an adept in various forms of handwork. It is stated, however, that there is urgent need for intelligent supervision after school hours.

Case No. II.

Boy. Age, 12. I.Q., 72. Before this boy received special class instruction he was rude, untruthful, dirty, careless, generally tired, and demonstrated little ambition. He now takes pride in his work, and has made satisfactory school progress. There is also a marked improvement in his general habits.

Case No. III.

Boy. Age, 11. I.Q., 73. He was admitted to the class in 1919 and had done poorly in school because of retardation, poor concentration, and weak will power. The special attention bestowed upon this lad resulted in improvement in school subjects, advance in handwork, and a quickening of his general response.

Case No. IV.

Girl. Age, 14. I.Q., 32. This is an example of an individual improperly placed when included in a public school system. She has not sufficient intelligence to profit even by special class instruction, and is a general disturber because of the use of bad language, restlessness, and the making of grimaces at boys and other members of the class.

Case No. V.

Girl. Age, 11. I.Q., 77. She was referred to the special class because of her lack of concentration and inability to succeed in school work. A glance at her scribbler and at the products of her handwork gives evidence of remarkable improvement.

Special Classes, Calgary.

The Calgary School Board has established two special classes for sub-normal children in a two-roomed school. Thirty pupils receive instruction from Miss J. Errol and Miss Carson. Considerable advantage accrues through the placement of the children in one building because they can then be divided into two groups according to mental age. It would be still more advantageous if four or more classes could be thus housed in one building, so that even better gradation than is now possible could be secured. Probably the Calgary educational authorities would be well advised to take into consideration the development of the special class scheme along the lines of this consolidated plan. With a sufficiently large school, arrangements could be made for departments of domestic science

and manual training, together with a gymnasium. A visit to the Special Schools for Handicapped Children in the City of Seattle, Washington, shows the value of such a plan. It was learned in Seattle that even the question of transportation was a factor comparatively easily dealt with.

The Calgary classes are instituted upon somewhat the same lines as similar organizations in other parts of the country. Due attention is given to the training of children through the use of what might be designated as Kindergarten methods. Such handwork as basketry, weaving, crocheting, sewing, paper-cutting, etc., finds a place. The record of the progress of each child demonstrates the value of the work. The classes, however, are handicapped in several ways. There is no psychiatrist to supervise the selection of children, and means are lacking for supervision out of school hours. In an ideal system defective children, upon graduation from school, have the benefit of vocational guidance and placement in some suitable form of work. Later recommendations will deal with such questions.

Lehlbridge Class.

In the Westminster School there is to be found a class in which a considerable number of defective children are trained. It is the intention of Superintendent Hodgson to develop eventually a special class for defectives. The quarters now utilized for the mixed class will be ideal for the future scheme, because there is plenty of space for carpentry, various forms of handwork, and drill.

Children of Superior Intelligence.

The history of mental hygiene activities in schools shows a tendency to give primary attention to children who deviate markedly from the average. The first investigation was among the pronouncedly backward, and lately those of superior intelligence have been the subject of some study. No doubt, as time goes on mental hygiene will concern itself with children of all types, and, indeed such should be the ultimate goal. While this report must perforce confine itself to handicapped individuals, nevertheless a few statements about superior children may be of interest.

The survey staff had an opportunity of studying 56 pupils in Edmonton Schools who possessed Intelligence Quotients above 110. (Children of so-called superior intelligence.) An attempt was made to discover whether these pupils were superior to their fellows in physique and nervous constitution, and whether they demonstrated superiority in other ways. The point at issue was briefly this—whether or not children with a high intelligence quotients had the capacity for development into citizens of a superior type. With this in mind, the following data are of importance:

It was found that 37 of the 56 children (66 per cent.) were splen-

didly endowed physically, and demonstrated no indication of nervous or emotional instability. Nineteen—or 34 per cent.—were either slightly below par physically or of neurotic make-up. On the basis of this limited study the statement can be made, therefore, that in regard to children with high intelligence quotients, two-thirds are sound physically and nervously, while in connection with one-third such is not the case.

As stated above, the study of these children embraced not only an inquiry into their physical condition, but also included an investigation of other matters that might throw some light upon the question of their all-round capacity. Attention was therefore directed to their special abilities and aptitudes, as demonstrated by their activities outside of school hours. It was found that the great majority were interested in a wide range of healthy pursuits. Chief among these were outdoor play, the reading of books, the study of music, and some form of useful work. Practically every child had the ambition to train himself or herself for some worthy vocation, and already had decided tentatively upon the nature of the life work.

It was decided to compare these results with the findings among children possessing lower Intelligence Quotients. Unfortunately time prevented the conduct of the study, but the investigators were able to canvass a number of children with Intelligence Quotients of 75 or less. The latter were in marked contrast to the brighter children. Their range of outside interests was meagre, and their activities were limited. For them moving pictures made, as a rule, a great appeal, while it was noted that the other group of children preferred reading. Although the study was incomplete, one is lead to the conviction that children with high Intelligence Quotients possess, as a group, better qualifications both physically and mentally for successful citizenship when school days are passed, than is the case with average pupils.

Before concluding this account, something should be said about the training of superior children with sound physique, and those who demonstrate physical or nervous impairment. With regard to the former, opportunity should be given for the maximum development of natural powers. These children are potential leaders, and the State can ill afford to pursue any policy by means of which their full value might be lost. Perhaps the time will come when through some special system of scholarships or State assistance, bright children will receive extra educational advantages.

Pupils with High Intelligence Quotients, but who are below par physically and nervously, demand special consideration. Their alertness and alacrity in absorbing knowledge sometimes leads to misfortune. They are often allowed to put too much stress and strain on their nervous constitutions, with a consequent nervous breakdown. Mental Hygiene Supervision is required both in and out of school. In connection with the

group examined, it was found that some of these pupils spent long hours in the study of music, or other pursuits, when it would have been advantageous if they had been given the opportunity for healthy outdoor play.

To many, the subject of superior children is of absorbing interest, and the educational authorities of the Province of Alberta might well perform pioneer service in giving the question needed attention—a service that would benefit the Dominion at large.

CHILDREN WITH CONDUCT DISORDERS

During the visit of the survey staff in Edmonton the question was asked if mental hygiene could throw light on the subject of troublesome children. The statement was made that children who cause the teacher anxiety because of chronic bad behaviour are sometimes below par intellectually, or unstable nervously. An opportunity was presented to carry out a limited study in the Alexander Taylor School which has an attendance of 566. In this school was selected for examination every child who was described by the teacher as troublesome, mischief maker or general disturber. Twenty-nine children fell within this category and according to intelligence quotients could be grouped as follows:

- I.Q. 72 and less—3 pupils or 10.34 per cent.
- I.Q. 76-90—14 pupils, or 48.27 per cent.
- I.Q. 91-110—8 pupils, or 27.58 per cent.
- I.Q. above 110—4 pupils, or 13.79 per cent.

If we compare these results with the intelligence quotients of all the children attending Alexander Taylor School, we find that troublesome children are more prone to possess low intelligence quotients than are the rank and file. As has been set forth in the table, 10.34 per cent. of the troublesome children had intelligence quotients of less than 75, while a survey of the whole school gave a percentage for this group of 6; 48.27 per cent. had I.Q.'s of between 75 and 90, and the percentage for the school was 18. The following table, furnishing the results of a study of all the pupils in attendance at Alexander Taylor School, can be compared with the table previously submitted.

I.Q. below 75	6 per cent.
I.Q. 75-90	18 per cent.
I.Q. 91-110	54 per cent.
I.Q. above 110	22 per cent.

A more striking observation was made when the children with conduct disorders were studied from the standpoint of nervous and emotional control. Thirteen, or 44.80 per cent., were undoubtedly neurotic or unstable. It was also interesting to note that 5, or 17.27 per cent., were lethargic and lazy.

No doubt mental hygiene activities in schools will ultimately em-

brace a careful study of the group under consideration. When properly understood and suitably dealt with, troublesome children can be better managed than has been the case in the past.

While intellectual retardation and neurotic make-up are frequently discovered as factors in conduct disorder cases, the point should be emphasized that there are many causes for bad behaviour. Students of the subject have observed cases where the teacher was at fault; other instances where the home environment is the determining factor; still others where the physical condition must be taken into account, etc., etc., as has been said, success will depend upon finding the underlying conditions and rectifying them when possible.

THE ROUTINE MENTAL EXAMINATION OF SCHOOL CHILDREN

Reference should be made to a noteworthy experiment in connection with the routine mental examination of children that was conducted by Mr. Chas. B. Willis, in the Alexander Taylor School, Edmonton. Mr. Willis, the Principal, undertook the arduous task of determining the intelligence quotients of all the children in attendance, and made it a point to gather further data concerning parentage, home environment, and personal history. He was able to utilize the knowledge gained, in making arrangements for promotions and in vocational guidance. From the educational and economical standpoints, success was achieved, and it is to be hoped that the experiment will be enlarged in scope so as to include a number of schools.

For those who are not familiar with the plan adopted in the Alexander Taylor School, the following brief statement may be of interest. Children have there been placed in grades according to mental age and academic proficiency. When, for example, a lad was discovered in grade VII with a mental age suitable for grade VIII he was advanced with good results. Another principle was also utilized—the organization of the school into two broad groups. In other words, there was developed the system of parallel classes. Bright children were placed in classes where the rate of progress was suited to their development needs, and the more backward pupils were grouped by themselves. In this school of 566 children there were virtually two schools under the one roof. The principal was so well pleased with the results that he would advocate, in larger schools, an even finer degree of gradation.

In all probability the public school system of the future will make provision for the mental examination of all children. Progress will be rapid in this direction when it is realized that money can be saved by such an enterprise.

CONCLUSION

Before concluding this section of the report, it is desired to congratulate the educational authorities of Alberta on the splendid achievements that have been made during recent years. The school system as a whole is a credit to the province, and it is expected that mental hygiene activities will soon be given their proper setting.

Every mentally deficient is potentially a criminal, and how thoroughly this gospel needs to be preached cannot be better demonstrated than by the attitude that the majority of Police Chiefs and Magistrates take toward the juvenile delinquents. I am going to quote from a paper given at a Convention of Chiefs of Police held in Victoria in 1922. After speaking very strongly on the lack of proper home training and parental control this gentleman said: "Coupled with home training might be mentioned environment and heredity. It is true, no doubt, that heredity may play an important part in the creation of criminals, but I think from my own experience, that it is not nearly such an important part as the wilful neglect of a proper home training on the part of the parents."

Another matter which has received widespread attention, and which is being stated as a reason for crime amongst youth is "Mental Deficiency" or "Mental Defects." This might quite easily be advanced as a reason by any persons who have never seen any of these young offenders, and who do not know them, or anything about them, other than what they have read. What is the experience of most of us who are actually in touch with them? I can recall a number of those young fellows to mind and as I think of them they strike me as being of quite the average intelligence, in some cases a little brighter than the average boy; and possibly in a few isolated cases we might find some who are below the average mental standard.

Some of us may remember reading during the war about the specialists who were employed by the Governments of some of the combatant nations, and who made tests and examinations in the mental efficiency of the armies. Reports that were made by the mental specialists were of the most startling nature, and were to the effect that, in some cases, over fifty per cent. of the men were mentally defective. If mental defect were a cause for crime, I shudder when I think of what the result of this would be."

Illustrations:

N. E. C., age 11 years, Grade III. Very good home, is also untruthful, pugnacious, incorrigible, irresponsible and a thief. His mental age is 7 years. I.Q., 61.

T. H., age 11 11/12 years. Same as above only poor home conditions. Family have a scramble to "exist."

It is therefore very important that the mental calibre and tendencies of pupils during their school life should be carefully studied, so that there should be as little waste as possible of the efforts used to fit them for their after life, by guiding their energies into proper channels and later into proper vocations.

Although very little progress has been made during the past two years, and activities towards the solution of this problem are at present almost at a standstill, yet we hope that this condition of "hard times" will only exist for a very short time, and am satisfied that when mental hygiene activities are once given their proper place in the community there will be no turning back as it will be seen that they not only pay from a dollar and cents point of view but will assist greatly in the proper solution of early delinquency. Prevention of crime among the young is of equally, if not of more importance to the nation than the prevention of the spread of the now so-called contagious diseases, so am certain that when the present conditions are better understood nothing will prevent this work being given its proper place in the community life.

The Uses of Intelligence Tests in the Schools

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IN beginning, it must be pointed out that the accurate measurement of Intelligence is a very recent psychological development. Until a very few years ago, no one was capable of making a satisfactory mental examination except one who had served a long and arduous apprenticeship at the works and had obtained considerable psychological training. Even among psychologists there were many points of disagreement with regard to mental tests—the tests used by different psychologists giving quite different results when applied to the same subjects.

In 1916, however, Terman published a very clear and definite statement of the exact wording and scoring of the tests he had used and standardized. This revision was in such form as to be more easily used with reasonable accuracy by school administrators than other revisions. The psychologists had done their share in supplying a good tool. The difficulty since this revision was published has been that school administrators have been very slow in applying the tests to practical uses in the schools.

This paper deals with the use made of these tests in the Alex Taylor School from the time early in 1917, when our assistant, Mr. W. H. Todd, now Principal of the Queen's Ave. School, first obtained Terman's book, to the present.

The average Intelligence Quotient of all children is 100. One-half of the children score above 100 and one half below. The I.Q. may be explained by saying that if a child is 10 years old and does as well on the tests as an average 10 year old child his I.Q. is 100% or 100; if as an average 8 year old his I.Q. is 80 and if as well as an average 12 year old his I.Q. is 120. The I.Q. for children of other ages is computed in a similar manner.

About 50% of all children are between 90 and 110 I.Q. or roughly average; about 17½% are dull or between 80 and 90 I.Q. with a corresponding 17½% superior or of I.Q. 110 to 120. About 6% are border line cases, some of whom are feeble-minded and some are very dull normals, the I.Q. being 70-80. A similar 6% are very superior, having an I.Q. of 120 to 130 while 1½ to 3% are below 70% I.Q. and are definitely feeble-minded, with a corresponding number above 130 I.Q.

The uses to which Intelligence tests are being put in the Alex Taylor School are as follows:

1. For placing new pupils entering from schools outside the city.
2. For promotions and retardation within the schools.
3. For extra promotions.
4. In dealing with cases of delinquency and laziness.
5. For Vocational guidance.

Since a long technical educational explanation of this work would probably be of little interest to this meeting a few case studies will be given to illustrate what is being done.

The first case is that of a boy named Jack who was in Grade IV and failed very badly on his exams. In the ordinary course of events Jack would have stayed in Gr. IV another year. However, his intelligence was measured and it was found that his I.Q. was 103—slightly above average. His trouble was accordingly diagnosed as laziness and carelessness. His father, who was anxious for him to go to Gr. V was told to let him worry a little during the summer and he would get his chance in the fall. In September, he was promoted to Gr. V on the strength of his Intelligence test in spite of his low school marks. He has made a grade per year ever since and is now in the high school. The use of the test saved him a year and probably saved him from becoming confirmed in his laziness.

Another case is that of a boy in the same grade who failed in his exams, but not as badly as Jack did. His Intelligence was measured and his I.Q. found to be 79. Evidently the diagnosis was lack of ability in this case. His parents were very anxious for him to go on to Gr. V. It was explained to them that if he went on to Gr. V he would fail at the end of the year and the whole trouble would be repeated, whereas if he remained in Gr. IV another year he would make a good pass at the end of the year and be happy and contented. He repeated Gr. IV and came along well in school for several years.

The main point, in these cases, is that it was possible to make accurate diagnosis of the reason for failure. In one case it was lack of ability for which little can be done while in the other case it was lack of application, a condition that, from time immemorial, teachers have had the reputation of being able to remedy.

The placing of new pupils may be illustrated by three cases in Gr. IV last fall. All three were reported by the teacher as being new pupils who appeared to be unable to do the Gr. IV work. Without the use of the Intelligence test, in the ordinary course of events, all three pupils would have been put back to Gr. III. The three were measured and the one highest in intelligence remained in Gr. IV while the other two were put back to Gr. III. The result obtained fully justified this

handling of the situation. The two children who were sent back to Gr. III stood about average in their class on the April examinations while the one who was retained in Gr. IV was 4th in class in that grade.

Still another case is that of a boy of I.Q. 54 whose difficulty is further aggravated because he is rather deaf. It was thought until his Intelligence was measured that he was not far from average in ability and that his deafness accounted for his poor school work. The test revealed, however, that his intelligence was very low and it was found that his deafness seemed worse than it really was because of this. Very evidently it was wasteful in the extreme to spend as much time on him as teachers had up to that time. The only thing to do was to develop a law ability and social attitude in him and keep him from developing an anti-social attitude. We took stock of him and found that he was not by any means lacking in qualities that might be useful for such a purpose. He excelled in some forms of sport running, jumping and football, in shooting and even in school work had one high point, rapid calculation. Further, he was popular with other boys. He was encouraged to do his best in sports and earned a place on the school teams in football, track sports and shooting, as well as winning several medals in the two latter. At the present time he has developed a feeling that the world is a rather good place to live in, that other people use him well and that he must do the same in return. A few years ago this boy had been in some stealing affairs but has not been implicated in any misdemeanours for several years now.

The matter of vocational guidance is one of great educational importance as an aid to Mental Hygiene, though little useful guidance can be obtained on such work. Recently we have made a tabulation of such of our work as bears on this topic and are able to say that a pupil of I.Q. less than 90 has not one chance in 200 of ever reaching Gr. XI and that a pupil of I.Q. 90 to 100 has only one chance in 15 of advancing that far in school work. This means that of the slower half of the population not more than 1 to 30 can go through High School. Accordingly, any child of this mental level who contemplates entering a vocation that requires a Gr. XI certificate is advised to look forward to some other occupation.

Conversely, a child of high I.Q. is encouraged to go on and get as much education as possible. Nothing is more disappointing than such cases as that one child of I.Q. 170, the brightest I have ever measured, who works at a job which requires an I.Q. of about 85 to handle it satisfactorily. Probably in a city the size of Edmonton there are not more than half a dozen individuals, if as many, who have ability of this degree, yet this is allowed to go to waste. Surely, in the near future, such a waste will not be allowed.

In view of the fact that all children are not equal in ability and cannot progress at the same rate it seems evident that school children should be divided into sections according to their ability. Probably three main sections, an average, a slow and a bright section would be sufficient, in addition, special classes were maintained for very bright pupils at one end of the mental scale and for the feeble-minded and border line cases at the other end. For the slow section the work of the eight grades would be divided into nine parts, each one taking a year, while the bright pupils would do the same work in seven years and the average pupil in eight years.

The slow pupils of I.Q. 75 to 90 are not able to profit very much by the present school work above about Gr. VIII so their course should lead into High School work of a vocational nature. This group is very important in any scheme of Mental Hygiene since it provides about 60% of our social misfits and school problems, such as truancy, delinquency, retard, etc.

In order to have all of these problems handled in a satisfactory manner and investigation of new methods carried on, leadership and direction of the administration is needed. Such work, of course, is largely the concern of the school principal and many of them all over the country are taking an active interest in it. What is needed now is a good school administrator in each city the size of Edmonton or larger, who can provide leadership for the work and give it direction and by working along with the Medical Director, the Superintendent of Schools, the Attendance Officer and the Principals and put this phase of the work in Mental Hygiene on a broad, comprehensive, systematic basis.

The Social Aspects of Venereal Disease Control

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VEN as I begin to write I realize that there will be those among my audience who will not entirely agree with the views that I shall express in this paper. Physicians have not been, in the past, entirely in agreement as to the value of social service work in connection with venereal disease cases. The idea that the confidence and privacy of the patient should be respected first of all is too deeply implanted in the mind of the physician to be removed easily.

I will give you my own ideas on the subject for what they are worth. The best recommendation that I can give them is that they are my sincere convictions reached after nearly four years of close personal observation of the venereal disease problem in connection with the health department, the hospital clinics, the police courts and jails of my own city.

Looking back to pre-war days one realizes that we have, in Canada, gone a long way in the matter of venereal disease control. One of the few good things left us by the late war was the legacy of a changed public opinion on the question of venereal disease. The facts brought out and made public during the war concerning the prevalence of these diseases in our midst, and their serious consequences, not alone to the individual but to the nation itself, brought home to the public mind the fact that the control, treatment and cure of the venereally diseased person was a matter which concerned all. It was this changed attitude toward the question that made it possible for governments to bring in and pass legislation dealing with the control of the venereal diseases and to appropriate public funds for their treatment.

The first venereal disease legislation in Canada was passed in Ontario in July, 1918, in an Act known as the Venereal Diseases Prevention Act of Ontario. During the same and the following year, the other provinces passed laws of a similar character and at the present there is legislation dealing with venereal diseases in each of the provinces, with the exception of Prince Edward Island. The Ontario Act was modelled after a law already existing in Australia and the provisions of the Acts of the other provinces, with the exception of Quebec, are practically the same. This legislation provides that the venereal diseases, syphilis, gonorrhoea and chancroid shall be reportable as are other communicable diseases, the

cases to be reported by serial number, if the patient discontinues treatment the names and addresses to be reported also. The Medical Officer of Health is given authority to order the examination of persons whom, upon receipt of credible information, he suspects of having been exposed to venereal disease. Persons who discontinue treatment shall be reported to the Medical Officer of Health, who may order that the infected person shall place himself under treatment, and furnish the health authorities with a certificate, at stated intervals, showing that he is undergoing satisfactory treatment. The Medical Officer of Health is given power to order the detention and isolation of any person whom he may consider a menace to public health on account of venereal disease. The Acts provide heavy penalties for knowingly exposing others to infection from venereal disease, and require that all hospitals receiving government aid shall provide treatment for these cases.

In the Legislature of 1920, the Federal Government granted \$200,000.00 for the work of venereal disease control. This sum was to be divided among the provinces on a per capita basis and granted on condition that the provinces furnish an equal amount and fulfill certain conditions laid down by the Federal Department of Public Health. All the provinces, with the exception of Prince Edward Island, have now accepted the grant, and work is being carried on under the direction of the respective departments of health. The activities of the venereal disease departments include the establishment of clinics for the treatment of venereal disease, the establishment of laboratories for diagnosis, the examination and treatment of persons in penal institutions, and education and publicity. During 1922, 12,252 new cases were admitted to clinics and institutions of the Dominion and 280,433 treatments were given to these patients.

The Canadian National Council for Combating Venereal Diseases, which was modelled after the British society of the same name, was organized in 1919 and now, under the new name of the Canadian Social Hygiene Council, has branches in all the larger cities of the Dominion. Valuable work has been done by this organization, chiefly along educational lines.

It would seem then that in Canada we now have the solution of the venereal disease problem in our own hands. Wide powers over the individual, such as, in more conservative England, could not be obtained, even to the taking away of personal liberty, have been given to health authorities in order to prevent the spread of infection from venereal disease. Skilled scientific treatment is provided through free clinics in our cities for all who may apply for it, and through the organization of the provincial health department, treatment facilities are carried to the

smallest village in the hinterlands. An efficient voluntary organization is constantly engaged in carrying on a national campaign of education in the matter of the disease and its prevention.

With all this it would seem that the elimination of venereal disease from our country would be a matter of time only and that for the generation to come syphilis and gonorrhoea would be a thing unknown. And yet we who are working intimately with the problem realize that this is not true, and the realization at times fills us with an almost overwhelming sense of failure. We see our clinics filled month after month with new recruits, men and women, mere children some of them, who have contracted diseases which may have the most serious consequences to them, with as little thought as you or I would give to an attack of chickenpox. We see a few patients discharged as "apparently cured" after perhaps years of treatment. We see girls and women cured after months of careful intensive treatment in institutions, discharged into the community to return in a few weeks re-infected. The Dominion statistics show that the total number of new cases reported for 1922 was something over three thousand more than that for 1921. It may be argued that the new cases reported are not actually new but old cases brought to light by better educational and publicity methods. This may account for some of them but it certainly does not account for the primary cases which we see in our clinics. There were 60 new cases of untreated syphilis in the Toronto clinics for last month alone. I think we must conclude then that the organization, legal, medical, and educational, that we in Canada have for dealing with venereal disease, splendid as it is, cannot alone effect a solution of the problem and that we must look elsewhere for its further solution. The deep underlying causes of venereal diseases lies in our social life and it is with these causes that we must deal if we hope to make any permanent impression upon the problem or hope to make our efforts along the other lines effective. In considering the social needs in a program of venereal disease control, I shall deal with the subject under the following headings:—

1. Investigation.
2. Education.
3. The reform of the sex delinquent.
4. The control of the mental defective.
5. Recreation.
6. Sex morality—The single standard of morals.

INVESTIGATION

In dealing with venereal diseases one must remember that the patient is only one link in the chain of disease, and that he has been infected

by some one who may still have the disease and be capable of infecting many others. For this reason, it is most important that every effort should be made to secure the name of the source of infection in each case of disease and bring him under treatment, if possible. This fact is realized and acted upon by the physicians working in the clinics and it is the practice to question each new patient very carefully as to his source of infection. It is not, I believe, the practice among private physicians generally to inquire as to the contacts and sources of infection of their patients. In speaking of this matter recently to a specialist, through whose hands pass many hundreds of venereal diseases cases each year, he had this naive remark, "Oh no, I never ask my patients where they got their infection, they would think it was none of my business." It would seem that the stimulation of the interest of private physicians in this question is a matter which should be undertaken seriously by health authorities. In dealing with these cases one must realize also that each patient may have infected others and every effort should be made to secure the examination of those who have been exposed to infection by him. This is a more difficult matter with young persons whose sex relations have been more or less promiscuous, but it is fairly easy to secure, in the case of a married man or woman with a family. This is a task, however, which requires the greatest amount of tact and judgment on the part of the person undertaking it. It is quite possible by a lack of tact to create a family situation that can never be remedied. How important this follow-up work is demonstrated every day and week through the cases attending our clinics. Recently a young baby, admitted to hospital, was found to have syphilis. The father upon being questioned as to the source of infection admitted that he had the disease four or five years previously during the war, but that he had been assured that he was cured and that three Wasserman blood tests, taken prior to his marriage, had been negative. A further Wasserman test was done and his blood was found to give a positive reaction, and it was explained to him that his wife must be examined also. It took some weeks of persuading before he was willing to bring her in for examination, but finally consented to do so, on condition that she be examined without telling her the reason why. The result of her examination showed that she had become infected, and the man was in a pitiable state of mind when he was told that she must come in for treatment. He was not a bad young man, and it was hard indeed to be obliged to tell his wife that he had infected her with syphilis. He was finally persuaded to tell her the whole story. She received the news much better than we had expected and the three are now under treatment in our clinics. With this young couple there is all probability that there will be more children, which, if treatment had not

been undertaken, would likely have been born diseased, if they had escaped infection sufficiently to be born alive.

Investigation made of the homes and living conditions of the patients attending venereal disease clinics frequently reveal conditions which may be said to bear the same relation to venereal disease as the stagnant water pool, for instance, bears to malaria. The removal of such conditions is as much the business of the medical social worker as would be the filling up of the pool. I refer to such conditions as bawdy houses, dance halls, which are often no more than houses of assignation, taxi-cabs, used for immoral purposes, homes where little children or young boys and girls are exposed to moral danger through the manner of living of their parents or others. Such conditions, when discovered by the social worker, should be referred for action to the agencies organized to deal with them.

EDUCATION

It would seem that so much has been done in the matter of education regarding venereal disease that it is impossible that there should be any adult in this country who did not know about these diseases and their mode of spread. Every once in a while, however, something happens which makes us realize that this is not true. The other night a young man of twenty-three came into one of our clinics with an acute case of gonorrhoea which he said he had contracted from a professional prostitute to whom he had paid \$5.00. He stated that he believed by paying he would escape disease, and he was not a mental defective but an intelligent young man holding a fairly good position.

The army did much to educate the young men of the country in the nature of the venereal diseases, but we already have a new generation of young people who have much need of this instruction. There is need for a continuous campaign of education of this kind carried on by voluntary and official agencies among those who by reason of their life and surroundings are more or less exposed to sex temptation every day of their lives.

To be a real factor in the prevention of sexual immorality and venereal disease, education must do more than convey a knowledge of the facts of the disease. That knowledge and fear of disease are not great deterrents is proved by the fact that our clinic patients include men and women of education and intelligence. Sex education should seek to form the ideals of boys and girls, men and women, in regard to sex conduct and give them a sense of responsibility in this matter. In order to accomplish this the foundation must be laid early and well. Education should begin as soon as the child begins to receive his first impressions of sex. The first teaching should then be given in the home by the

mother or person nearest the child and given by means of truthful answers to the natural questions of the child regarding the origin of life. The new psychology has shown how disastrous may be the consequences in adult life if the sex life of the child is mishandled at this early period. Whether teaching is undertaken or not, the fact is that most children get their earliest impressions of sex at an earlier age than most parents wish to believe. Investigations made by Dr. Galloway on 166 college men and women of the United States showed that 58 per cent. of the boys learned enough of sex matters to make an impression upon them before they had completed their tenth year, whereas 50 per cent. of the girls had received it at the eleventh year. Most children get their first knowledge of sex from unclean sources, playmates, degenerate adults, and the manner in which it is conveyed often has the unfortunate result of giving the child throughout life a distorted attitude toward this side of their nature. It behoves parents then to prepare to meet this problem, and it is right that all assistance should be given them through Health Departments, home and school clubs, settlements, churches to help them to fulfill this most important duty toward their little children.

As the child grows older the school might well continue the education begun in the home by the parent. All reference to sex has been so carefully deleted from the school curriculum that it is no wonder that the child believes that there is something wrong about it all. There is enough material in such studies as physiology, nature study, biology and literature to give the student all he needs on this subject, and he would then get a vision of sex in its true perspective, as something universal, which permeates and beautifies all life instead of an unclean, secret thing to be hidden.

Finally I believe that all social workers, interested in the abatement of venereal disease, should support any movement for a higher standard of general education. Repeated investigations made in this country and the United States have shown that the girls and women who fill the ranks spread of venereal disease, belong in the main to the great army of untrained professional prostitute, and as such are an important factor in the skilled workers, the untrained and the untaught.

REFORM OF THE SEX DELINQUENT

Prostitution, either professional or occasional, is the chief factor in the dissemination of venereal disease, and unless we can find some means of eliminating sexual promiscuity we shall always have venereal disease in our midst. We are only beginning now, in some places, through the establishment of probation systems, the establishment of training schools for delinquent girls, the use of parole to deal scientifically with the sex offender. There are many causes which contribute to the making of sex

delinquents. Every effort should be made therefore to study each case coming into court charged with such offences, with a view to learning the cause of the anti-social conduct and removing it, if possible. Jail sentences and fines in these cases, hastily imposed without looking into the cause of the delinquency, may have the effect of sending the girl or woman one step further on her downward path.

There is also great need of facilities in our penal institutions for the segregation of the more hardened offenders, and the means of training the inmates in some occupation which will make it possible for them to earn an honest living on discharge.

THE CONTROL OF THE MENTALLY DEFECTIVE

Not all persons who are sexually immoral are, as some would have us believe, mentally deficient, but there is no doubt that mental deficiency is an important factor in the cause of prostitution and venereal disease. As a result of a survey made of some 800 women and girls in reform institutions in the United States, the American Social Hygiene Association estimated that 33 per cent. of the prostitutes of the United States are feeble minded. Surveys made of institutions of the same kind in our own country show the percentage of defectives to be high. The anti-social conduct of these persons is frequently the result of low mentality plus bad environment, and is not the result of perversity but the expression of a powerful, fundamental instinct, unchecked by the inhibitions which act in the normal individual. A certain number of defectives, if properly trained, would no doubt do well under supervision in the community, but it is certain that for a large number of the women, at least, institutional life until after the child-bearing period is the only guarantee that the community can have against illegitimacy and venereal disease. What one defective girl may be capable of in the way of spreading disease is well illustrated by a case which came to our attention recently. Clara S. was placed by her father at thirteen years of age in an institution for the care of the feeble minded in Ontario. She remained there fourteen years and during that time, according to the records of the institution, she was obedient, clean and willing, if somewhat stupid, worker. One day, lead by a girl of quite a different type, she decided that she was going to leave the home and, to accomplish this, tried the simple expedient of setting fire to the building. The girls escaped, there was much excitement and the newspaper made much of the fact that poor innocent unprotected girls were being detained in homes against their will. An official investigation was made and the authorities denied that, since there was no legal means of holding any feeble minded person against his will, that all the inmates should be given the choice of their liberty. This happened some three years ago, and it would be interesting to give you the history

of the thirteen girls who left the institution at that time. All, I believe, with the exception of one, have ended disastrously. Clara was not heard of until February of this year, when she appeared in court as a material witness against a man who was charged with living on the avails of prostitution. She said that she had met this man in a park about two years previously and had lived with him since. During the year just past, she had supported him on her earnings as a prostitute. A book was produced in court in which her earnings for the month of September, 1922, were entered and the amount was \$277.00. Estimating her exposures at 55 men for one month, and taking into consideration the fact that she had both gonorrhoea and syphilis, one has some idea of the harm a girl like this can do in a short time. She is still at large and, although under treatment at one of our clinics, the chance of her permanent cure is doubtful, because it is not possible to control her mode of life. The cause in her case is mental deficiency, and there is no law which will make it possible to place her in an institution on that ground.

We have great need of proper institutions to house the mentally defective. Most of the institutions available are quite unsuitable as to location. Crowded into the downtown districts of our big cities there is no opportunity to give the girls the surroundings which are necessary for their physical welfare and their contentment within institutional life. The best kind of institutions will be of little aid in some of the most needy cases unless it is possible to have legal power to detain, against their will, those who proved their unfitness to live in the world outside.

RECREATION

It is true that every normal young person needs recreation as much as he needs food, or work, or rest, or any of the things that go to make up a complete life. Cities should see to it that the commercial recreation provided is safe and philanthropic agencies might well devote their energies to the securing of more and better recreational facilities.

SEX MORALITY—THE DOUBLE STANDARD OF MORALS

For anyone who works intimately for any length of time with the problems of sexual immorality and venereal disease, there is only one conclusion that it is possible to reach and that is that there is no real progress possible as long as our efforts are confined to one sex alone. This fact, from the point of venereal disease, has been brought out very clearly in a book called "The Laws of Sex" by Edith Houghton Hooker, M.D. Under a chapter entitled "Fallacies of the present methods of control," she writes as follows:—

"The relation of men and women to the problem can be very clearly and conclusively shown by a simple example in arithmetic.

To bring the concept within range, suppose there are five men and five women on the street on a given night. If each of the men desires sexual intercourse and is able and willing to pay \$1, all of the five women being available, the net result is five illicit relationships, and \$5 paid into the treasury of prostitution. If only four women or only three or only two, or indeed but one are available, the net result is the same, for one woman has been known to gratify as many as thirty men in twenty-four hours, so five illicit relationships and \$5 paid to the income of prostitution is the constant result throughout the series.

"It is only when the last of the five women has been eliminated that the number of illicit relationships falls, and then pending the advent of new women it necessarily drops to zero.

"Now consider the problem in relation to the men. Suppose the five women are constantly available, but for some reason one of the five men declines the opportunity for illicit intercourse, the other four being still desirous. The net result is four illicit relationships and \$4 paid into the treasury of prostitution. Similarly, if but three of the five men desire illicit relations, all of the five women being still available, only three illicit relationships result, and but \$3 is paid into the treasury of prostitution. If but two of the men are desirous, the woman factor remaining constant, only two illicit relationships result, and only \$2 is thrown to the income of prostitution. Finally, if only one man desires gratification, only one illicit intercourse results and \$1 is paid into the treasury of prostitution. Meanwhile a certain proportion of the women who were living in venery are forced to turn elsewhere for a means to a livelihood. This example demonstrates sufficiently the clear fact that the number of illicit relationships, in other words, the number of exposures to venereal disease, depends upon the male, not the female factor in the enterprise. Unless the medical profession anticipates achieving the impossible, it can scarcely expect to reduce the number of available prostitutes to zero, especially in view of the fact that men are openly permitted by the government to bribe women adequately to give them gratification."

For those of us who work day by day with venereal disease cases, it is not the tragedies of the disease, the unseeing eyes of children, the childless wives, the broken men, nor the sight of shattered homes and broken hearts to which we bear daily witness that makes the burden of our work seem at times almost too heavy to be carried. It is the fact rather that we are told by those whose opinion we respect, "That sex vice has always been and always will be", "That human nature is what it is and you cannot change it". Shall we then have always with us, in

the words of Lecky, "that mournful figure" who "remains while civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people." We know that this idea is honestly held by many good people to-day, as strongly as when it was written more than half a century ago. We know that it is held by those who administer the laws of our country, as expressed by a magistrate of one of our Eastern provinces, who said publicly the other day, if the reports of the press are to be believed, that he believed "that houses of ill-fame are an inevitable evil in a large city, that they act as a moral sewer." It was expressed just as clearly, perhaps less honestly, in the action of a magistrate in our own province, who on the same morning imposed a fine of fifty dollars in the case of a woman convicted of keeping a betting house, and twenty-five dollars in the case of another who had kept a bawdy house. It is expressed no less clearly in the attitude of the virtuous woman who believes that "men must sow their wild oats".

If we who see the end results of these accepted beliefs could be convinced that they are fundamentally true, our own attitude toward the whole question would likely be different and the curing of a few persons of venereal disease would seem, in comparison, of little importance.

We cannot, however, agree with the persons who have expressed these opinions. Vice conditions are bad but we believe that they will be better, and we believe that there is a slow but sure tendency on the part of the public toward higher standards of sex morality. This tendency, we believe, is reflected in legislations, which it is said is always slightly behind public opinion.

Such recent legislation as The Children of Unmarried Parents Act and the laws which make it an offence, where there are children, for men and women to live together outside of marriage, all point to the fact that there is an increasing public tendency toward single standards in sex morality. How this tendency shall be fostered and its realization hastened should be the concern of all who realize the serious nature of the venereal disease problem.

There was held recently, in Toronto, an International Conference on Education. It was an imposing gathering at which all the greatest educational authorities of this continent and Europe gathered to give their contribution to the important subject of education. One note that was sounded again and again by the speakers until it came to be almost the refrain of the conference was this, the possibility of bringing about great social changes through education. The discussion centered around the question of abolishing war through education, and the climax was reached on the last evening of the conference when Lord Robert Cecil spoke of the hope of the League of Nations that war may be finally abolished.

A book, "The Science of Power", by Benjamin Kidd, was referred to over and over again by the speakers. I quote from it:—

"For a period of years the fact was completely lost sight of in science that the upward progress of the world in civilization rested on qualities in the individual imposed on the individual from without and not in the nature of ancestral heredity inborn within him. In the evolution of Power in civilization the heredity which controls everything in this social heredity which is transmitted through social culture. Every inborn quality in a people is ultimately subordinate to this social heredity. The social heredity transmitted through social culture is the master principle of the world. It is this cause of the emotion of the ideal that we have undoubtedly the springs of all power in the modern conditions of the world. It is no exaggeration but a sober statement of fact to say that it is capable of sweeping out of civilization in a single generation any institution or any order of society or any inheritance of the past. Within the life of a single generation it can be made to undergo changes so profound, so revolutionary, so permanent, that it would appear as if human nature itself had been altered in the interval. The will to attain to an end imposed on a people but the emotion of an ideal organized and transmitted through social heredity is the highest capacity of the mind. It can only be imposed in all its strength through the young. So to impose it has become the chief end of education in the future. Oh you blind leaders who seek to convert the world by labored disputations. Step out of the way or the world must fling you aside. Give us the young. Give us the young and we will create a new mind and a new earth in a single generation."

Let us see to it that the new generation shall come nearer the Christian ideal, an ideal which in regard to sex relationships will destroy an ancient evil, which in its consequences is worse than war itself. If we can do this, we shall have found the solution to the problem of venereal disease.

The Sanitary Inspectors' Association of Canada

The Importance of Properly Training Sanitary Inspectors

ADDRESS OF THE PRESIDENT, E. W. J. HAUGUE, OF WINNIPEG

To the 11th Annual Meeting of the
Sanitary Inspectors' Association of Canada, held at
Calgary, Alberta, on September 5th, 6th and 7th, 1923

Gentlemen:—

Our Association is ten years old this year, having been founded in Winnipeg in 1913. Up till 1920 we were known as the Sanitary Inspectors' Association of Western Canada with jurisdiction from Port Arthur West, but at the Edmonton Convention in 1920, owing to the increasing interest of Sanitary Inspectors in Eastern Canada, it was decided to form an association for all Canada, and to change the name of the Association to the Sanitary Inspectors' Association of Canada. The following year we met in the capital city of Ottawa. We have held conventions in Regina (twice), Edmonton, Saskatoon, Ottawa and Winnipeg (three or four), and now come to Calgary, the farthest west yet, and we hope that this convention will be the best.

I want to discuss for a few minutes this morning the Sanitary Inspector, what he should be and what his value is to the community. When I have finished I think you will see more clearly the aims and objects of our Association.

We are all aware that during the last fifty years great improvement has been made in sanitation and the control of communicable diseases. I cannot enlarge on this now, but it is a fact that the mortality from diseases formerly very devastating has been greatly reduced. If these diseases have not been entirely eliminated it is because we have not applied in full measure the knowledge which we now have of epidemiology. For instance, it is considered a disgrace to-day for a town or city of any size to have a high death rate from Typhoid Fever. In most large cities this disease has been almost eliminated, although in some rural districts we still have it to contend with. We know the causative agent of many other diseases and the manner in which they are spread. Smallpox, Typhoid, Typhus, Yellow Fever, Cholera, Plague, Malaria, Hook Worm are all diseases in combating which notable results have been obtained. It is to the painstaking research of bacteriologists that we owe our knowledge of these diseases, but the mere knowledge is of no value unless practically applied.

For instance, we know that Typhoid Fever is a filth disease, caused by swallowing the germ in water, milk or food, which has been contaminated by the dejecta of persons suffering from Typhoid; but this knowledge is of no use to us unless we apply it by protecting our water, milk and food supplies from contamination, providing sewerage, eliminating outside privies, and flies which may carry infection.

We know that Typhus Fever is spread by the body louse; but this knowledge is of no practical value unless we take adequate measures to get rid of lice.

We know that Yellow Fever and Malaria are conveyed by mosquitoes; but it is no use our knowing this unless we banish those particular kinds of mosquitoes from the vicinity of human habitations.

We know that Bubonic Plague is carried by the rat flea. Where this knowledge is practically applied plague cannot gain a footing; but in some countries, notably India, where the rat is a sacred animal, and the ignorance and religious prejudice of the natives prevents rat extermination, the plague flourishes and thousands die annually in spite of our knowledge.

We know that Hookworm is a filth disease due to the careless disposal of human excreta. We know the life history of the Hookworm and how it gains access to the bodies of new victims; but unless we apply vigorous measures of sanitation, together with treatment of the patients, the disease will flourish, as it does in some communities.

It is generally admitted that a community can, within certain limits, purchase health. The money appropriated for such purpose is devoted to the establishment of a Health Department.

The first step of any community desiring to improve the Public Health is to appoint a Health Officer. Under most health laws he must be a physician, although there is somewhat of a movement in the U.S.A. to appoint sanitary engineers as Health Officers because so many health problems are also engineering problems. The study of preventive medicine, as distinguished from the curative branch, is now assuming large proportions as evidenced by the number of universities now advertising the D.P.H., C.P.H., and other degrees. The demand to-day is for highly qualified health officers.

Now let us suppose that we have a large city organizing for the first time to eliminate disease, to make the citizens more useful and effective, and to lengthen the span of human life. They have, of course, as the first step, engaged a well qualified health officer. If that were all that was done very little good would result. The health officer could do little without a properly qualified staff. He would say: "I am responsible for controlling as far as is possible communicable diseases. I must have available a Bacteriological Laboratory, I must have enough

qualified inspectors to visit the homes where communicable disease is reported to investigate the manner in which the disease has been communicated, to trace contacts and carriers, to advise the occupants as to measures required to minimize the risk of infection, to advise, to caution, and to educate the people in these homes. I am responsible for all nuisances and insanitary conditions in the city, for overcrowding, for bad housing conditions, for the water supply, the sewers and sewage disposal. Personally, I cannot begin to attempt this work. I must have at my disposal trained sanitary inspectors, who will inspect and investigate these matters and working under my direction have them put right. I am responsible for the scavenging, and if the city is to be kept clean I must have a proper scavenging plant and incinerators, together with enough sanitary inspectors to see that this work is properly done. I am responsible for the food supplies of our people, therefore I require inspectors to inspect all places where food is kept, sold or prepared for sale. These men must be thoroughly qualified to see that no unsound food is sold and that all restaurants and food stores are kept in a clean, proper, satisfactory and fit condition. I am further responsible for the purity of our milk supply and shall need inspectors specially trained for the inspection of dairies and pasteurizing plants. I am responsible for the supervision of the health of our school children and require physicians and nurses to carry on this important work. I also need nurses for the promotion of Child Hygiene and for the prevention of Tuberculosis and of Venereal Diseases. I want to promote better conditions in our workshops and factories and would like one or two inspectors specially proficient in Industrial Hygiene."

My point is that the Health Officer is there to direct and that he can only obtain the desirable results outlined above to the extent with which he is supplied with trained workers. Some cities do more, some less, and the results obtained depend to a large extent on the amount of money the city is willing to expend. To a greater extent, however, the results depend on the employment of properly qualified inspectors and nurses. Nurses are generally well trained. The qualifications of sanitary inspectors in other countries are well defined and no man has a chance of being appointed unless he is properly qualified, but in this new country there has been a tendency in the past to employ men as inspectors for other reasons than their special fitness for the work. This is not fair to the Health Officer, nor to the community which pays for the work.

It is because of the importance of employing none but properly qualified men and women that our Association largely exists. We want to ensure that only such persons are appointed; and we also encourage them after appointment, to continue to study so as to keep themselves

well informed of the latest developments in sanitary science. We should not think much of a doctor who graduated and set up in practice, and who did not subsequently continue to educate himself and to keep in touch with new discoveries in medical science. The same thing applies to sanitary inspectors. Hence this gathering to-day. I might mention in passing that the Provincial Health Act of Saskatchewan contains a provision that no person shall be appointed a sanitary inspector who does not possess a certificate in sanitary science granted by an examining body satisfactory to this Association. The City of Winnipeg has a similar by-law. We believe that the Health Act of every Province should contain such a provision.

A sanitary inspector should be appointed young so that he may be full of energy and also that he may have before him a long period of usefulness. He should be well educated and properly certificated. In addition, he must be industrious. One essential asset is tact. An inspector comes into contact with people of widely varying temperaments, and must know instinctively how to deal with each person in the manner which will obtain the desired results. An inspector must have a love for his chosen calling and an enthusiasm undaunted by rebuffs.

It has been said that a Sanitary Inspector must be a Jack of trades. His duties partake of those of:—

1. *A Plumber.* For he must thoroughly understand the theory and practice of plumbing.
2. *A Heating and Ventilating Engineer.* In order to grapple with the intricate systems of heating and mechanical ventilation used in our modern buildings.
3. *A Chemist:* That he may understand something of the methods of water purification and testing, together with the composition and effects of the various substances used for disinfecting, etc.
4. *A Veterinarian:* That he may know something of the diseases of animals, particularly those which are communicable to man.
5. *A Physician:* For he should have a knowledge of anatomy and physiology, together with some knowledge of communicable diseases, epidemiology, and personal hygiene.
6. *A Civil Engineer:* That he may know something of the problems involved in the construction of waterworks, filtration plants, sewage treatment, drainage systems, and refuse destruction.
7. *A Bacteriologist:* Because he should know something of the infinitely small germs which, according to modern science, are responsible for so much of the happiness or otherwise of mankind.
8. *A Lawyer:* For an Inspector must know his Sanitary law, otherwise he is like a ship without a rudder.

9. *An Architect*: For he must have a knowledge of designs for the materials used and the methods of constructing buildings. Interest in proper housing is increasing.

10. *A Teacher or a Preacher*: For it falls to his lot, day in and day out, to preach the gospel of good health.

Health Officers, Sanitary Inspectors and Public Health Nurses are the principal agents who, by coming in daily contact with the people, bring home to them the importance of good health.

After hearing the above definition of a Sanitary Inspector I think you will appreciate more fully the object of our convention, and the value of such conventions to the Provinces, cities and towns which have sent us here.

In closing, might I express the hope that Municipal Authorities will, in the future, scrutinize more carefully the qualifications of any sanitary inspectors whom they may appoint. Their technical training and ability should be recognized by the payment of adequate salaries, and Municipal Counties can get much better value for their money by recognizing the importance of the work of the sanitary inspector, and by encouraging these men in their efforts to be of real service to the communities which employ them.

Monthly Jottings from Sanitary Inspectors

We hope that every member received his copy of the January Journal. If any one has been omitted it may be because his subscriptions are in arrears although the names of all members in good standing on December 31st last were forwarded to the Editor of the Journal. Members not getting their copy should communicate with the Secretary-Treasurer.

We invite news items from members as to incidents of interest, either regarding meetings of the Branches or individual experiences.

The Winnipeg meetings have been very interesting so far this season. We have had lectures from: Dr. A. J. Douglas, on Cancer; Dr. McCalman, Chairman of the Provincial Board of Health, Manitoba; Dr. M. Finkelstein, City Bacteriologist, on Insulin; Mr. A. J. MacNamara, Chief Inspector, Provincial Bureau of Labor, on Industrial Hygiene; and have paid visits to the Dominion Government Food and Drugs laboratory, Ogilvie's Flour Mills, and the T. Eaton research bureau.

The lecture on February 2nd was by Dr. A. M. Davidson in charge of the Provincial Government Venereal Disease clinic. The lecturer brought a lantern and a series of slides that were most instructive and convincing.

We hear that Mr. Bolus of Fort William is already doing preparatory work in connection with our Annual Convention which is to be held there next September. We have a few live wires in this institution and Brother Bolus is one of them.

The Executive Council meets once each month regularly and attends to the routine business necessary to keep the wheels moving.

The Secretary-Treasurer has been laid up with influenza, but is now on the way to recovery.

The following is from a letter from Mr. Allan, the energetic Branch Secretary for Saskatchewan: "The members of the Regina Branch are taking an active interest in our meetings which are held monthly. Mr. Mathias was appointed chairman and needless to say, under his guidance the prospects for a successful session are assured. We hope to carry the same spirit forward into our Provincial meeting which will be held about Easter, time and place of meeting to be arranged by our Branch President, Mr. A. Wright.



The Provincial Board of Health of Ontario

Communicable Diseases reported for the Province for the Month of January, 1924

COMPARATIVE TABLE

Diseases	Jan. 1924		Jan. 1923	
	Cases	Deaths	Cases	Deaths
Cerebro-Spinal Meningitis.....	1	1	6	5
Chancroid.....	11	..	3	..
Chicken Pox.....	971	..	x..	..
Diphtheria.....	318	25	236	25
Encephalitis Lethargica.....	5	3	x..	..
Gonorrhoea.....	142	..	160	..
German Measles.....	21	..	x..	..
Influenza.....	20	6	115	39
Measles.....	1222	7	331	4
Mumps.....	627	..	x..	..
Pneumonia.....	..	218	..	362
Poliomyelitis.....	2	1
Scarlet Fever.....	870	13	368	10
Septic Sore Throat.....	14	1	x..	..
Small Pox.....	50	..	43	..
Syphilis.....	113	..	147	..
Tetanus.....	2	2	x..	..
Tuberculosis.....	172	89	169	117
Typhoid.....	38	5	59	10
Whooping Cough.....	181	6	376	14
Goitre.....	2	1	x..	..

xNot reported in 1923.

Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society:

Housing and Health.

A study made in Detroit of the relation between health and environment shows a clear connection between sanitation and the mortality from tuberculosis, pneumonia and the diseases of infancy. "American Journal of Public Health," November, 1923, page 897.

School Medical Inspection.

Suggestions for the standardization of school medical inspection. By Dr. C. E. Buck of the Detroit Department of Health. "American Journal of Public Health," December, 1923, page 1017.

Standards for Child Hygiene Stations.

The New York State Department of Health has issued an outline of standards for child hygiene clinics covering activities for the care of the mother, the infant and the pre-school child. "Public Health Nurses Bulletin," November, 1923, page 81.

Hot Lunch in Rural Schools.

Directions for the guidance of teachers in planning hot lunches in rural schools. "Journal of Home Economics," November, 1923, page 642.

Public Health Exhibits.

"The Way of Health" is the title of an excellent bulletin descriptive of public health exhibits, issued by the Saskatchewan Department of Health.

City Health Departments.

"The Survey" for December 15th, 1923, contains a commentary by Dr. Louis Dublin on the Report on Municipal Health Department Practice issued by the American Public Health Association.

The Training of Midwives.

This report issued by the British Ministry of Health deals with the proposed extension of the training period of midwives, the curriculum in the teaching of midwifery, the different agencies through which training is carried out, and the suggested qualifications for teachers of midwifery.

Mortality of Early Infancy.

Dr. Eric Pritchard explains how numerous deaths in early infancy may be prevented by greater care of the mother and the newborn baby. "National Health," December, 1923, page 177.

Control of Diphtheria.

Problems in the control of diphtheria based on experience in South Carolina. "Journal of the American Medical Association," December 22nd, 1923, page 073.

Common Colds.

The relationship of infections in the upper respiratory tract to mean temperature and subsequent pneumonia. "Statistical Bulletin" of the Metropolitan Life Company, November, 1923.

Narcotics and Crime.

An address by Dr. Carleton Simon of the New York City Police Department, reprinted by the Department of Health of Canada, Ottawa. Copies may be obtained from the Department of Health, Ottawa.

Alberta Red Cross Report.

The report of the Alberta Division of the Canadian Red Cross Society for 1922. Copies may be obtained from:

Mrs. C. B. Waagen, Canadian Red Cross, O'Sullivan Block, Calgary, Alta.

Infant Mortality in Baltimore.

The United States Children's Bureau has issued a report on a field study of infant mortality conducted in Baltimore.

The Crippled Child.

The crippled child as a public health nursing problem. An address given before the American Public Health Association by Miss E. L. Foley of the Visiting Nurse Association of Chicago. "The Public Health Nurse," December, 1923, page 609.

News Notes

The Ontario Division of the Canadian Red Cross Society is making progress with the organization of Home Nursing Classes authorized by the Central Council of the Society. Nearly 20 classes have been organized in Ontario and the formation of others is well under way. Miss Edith Fry has been appointed organizer for the Ontario Division. Associated with her are the organizers appointed by the Head Office of the Society: Miss C. Davidson, R.R.C., of the Victorian Order of Nurses; Miss Ruby Hamilton, formerly of the Provincial Board of Health of Ontario; and Miss Jean McKenzie, of the School Hygiene Branch of the Saskatchewan Department of Education. It is expected that the work done in Ontario will be extended to other provinces early in the New Year.

An Ontario Hospitals Association has been formed with the following officers: President, Colonel Gartshore, London; Vice-President, Mrs. Bowman, of the Women's College Hospital, Toronto; and Dr. Edward Ryan, Hospital for the Insane, Kingston; Secretary-Treasurer, Dr. F. W. Routley, Toronto.

Dr. Belisario Porras, the President of the Republic of Panama, has called a conference to meet in Panama, R.P., on February 25, 26, 27, 28 and 29, for the purpose of considering the international standardization of maritime quarantine on the West coast of South America and the prevention of international spread of communicable disease in that littoral.

The Ottawa Social Hygiene Council reports that the number of people, comprising various audiences, addressed by their speakers during the month of January, totalled 2,905.

The Toronto Social Hygiene Council report, as the Journal goes to press, that the attendance at the Social Hygiene Exhibit, staged by them in Toronto, has amounted so far to approximately 13,000.

The regular Biennial Meeting, 1924, of the Canadian National Association of Trained Nurses will be held in Hamilton, Ontario, from June 23rd to 26th, inclusive.

Tuesday, May 20th, Wednesday, May 21st and Thursday, May 22nd, are the dates chosen for this year's Convention of the Ontario Health Officers' Association. A luncheon will be held on Tuesday, May 20th, to which the attending M.O.H.'s are invited. The program is now being prepared and anyone wishing to read a paper will please communicate with the Secretary, Dr. J. J. Middleton, Spadina House, Toronto.

The town of Oshawa, Ontario, will cease to exist on March 18th, for on that date the municipality is being incorporated as a city.

The acute infectious diseases throughout Ontario are more prevalent this year than last. Up till the end of November, 1923, 10,081 cases of measles were reported as compared with 8,950 cases during the entire year 1922.

Diphtheria is also more prevalent throughout the province. In January, 1924, there were 318 cases of diphtheria reported with 25 deaths, as compared with 236 cases and 25 deaths during the corresponding month of last year. One happy feature of this report is that while the number of cases of diphtheria has increased, the death rate has not increased.

Scarlet fever is also much more prevalent, in fact the cases reported during January, 1924, are 870, with 13 deaths, more than double the figures reported for the same month last year.

Book Review

Mental Hygiene and the Public Health Nurse. By V. May Macdonald, R.N. Cloth. \$1.50. Pp. 67. Philadelphia, London & Chicago. J. B. Lippincott Company, 1923.

Mental Hygiene and the Public Health Nurse by Miss V. May Macdonald is a text-book that can be heartily recommended to nurses, social workers and, indeed, to members of the medical profession. In a clear and concise way the author presents useful information concerning mental and nervous disorders, and shows how the public health nurse can perform a great service in assisting in the prevention and control of these conditions.

Two chapters are of particular value—Chapter V, relating to the mental health of children, and Chapter VI, entitled “Preventable Forms of Mental Disease.” If every public health nurse and social worker in the country were to thoroughly master these chapters, and, if they put into practice the splendid advice offered, much would be accomplished in improving the mental health of the nation.

It is evident that Miss Macdonald has made a thorough study of her subject and has availed herself of the best current literature relating to Mental Hygiene. The reader can thus be assured that the information and advice are authoritative and reliable.

This text-book should find a place in the library of every individual interested in social work.

C. M. HINCKS, M.D.

Editorial

The Late Dr. C. K. Clarke

In the death of Dr. C. K. Clarke, Canada has lost its foremost psychiatrist. The newspapers of the Dominion paid tribute to the outstanding accomplishments of Dr. Clarke and the following quotation from the Toronto Daily Star of January 21st, will be of interest to the readers of the Public Health Journal:—

“No name stands out more illustriously in the history of mental hygiene in Canada than that of Dr. C. K. Clarke, Professor of Psychiatry at the University of Toronto, Dean of the Medical Faculty of the University from 1908 to 1920, for many years Superintendent of the Toronto General Hospital and at the time of his death Consultant in Psychiatry in that institution. A man of many sided activities, who vigorously pursued many lines of science and culture, he was specially recognized as one of the leading psychiatrists of the world. As Medical Director of the Canadian National Committee for Mental Hygiene since June, 1918, Dr. Clarke visited every province in the Dominion for the purpose of improving conditions for the treatment and control of patients suffering from mental diseases. His works on insanity were accepted as standards.

“Dr. Clarke was well known as an expert alienist, and educational reformer, a naturalist, a musical amateur, a versifier and an apostle of the outdoor. He was an authority on birds and was president of the Bird Society of Ontario. As an authority on early Canadian literature or Canadiana, he made one of the finest collections in the country. He was a musician all his life. For many years he was a member of a string quartet of distinguished artists in Toronto who played once a week, year in and year out. He was a keen participant in and a follower of athletics throughout his life, and two of his sons were the most outstanding hockey players of the day.”

Last May Dr. Clarke was selected by the British Medico-Psychological Association to deliver the Maudsley Lecture on Psychiatry in London, England,—the first occasion such an honor has been conferred on a Canadian. He was one of the editors of the American Journal of Insanity and held many important posts with distinction. He was Superintendent of the Rockwood Hospital for the Insane (Kingston) 1885-1905 and Superintendent of the Toronto Hospital for the Insane 1905-1911.

Canadian Psychiatry owes much to Dr. Clarke. He was one of the

first advocates of occupational therapy in mental hospitals. He was a pioneer in advocating and practising methods of non restraint in dealing with the insane. He established one of the first training schools for mental hospital nurses. Through the Canadian National Committee for Mental Hygiene he stimulated Mental Hygiene progress throughout the length and breadth of the Dominion.

At the public funeral held in Convocation Hall on January 23rd, Sir Robert Falconer paid the following tribute to Dr. Clarke:

"Take him where you would he was never either on or off his guard against his inner self. That deepest self was so simple, so true, so self-consistent, that it came to the surface like a cool spring welling up from secret depths and lying half hidden under ferns and flowers by the way-side, but with enough trickle to tell the common man or woman, ay, or any passing beast of burden, that there he could get a cooling draught for life's dusty journey. He lived and worked for common people, just plain average persons. Charles Kirk Clarke was one of the best men I have known."
